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1.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2014

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Inter	nal Revenu	e Service	▶ Information about Form 990 and its instructions is at www.irs.gov/form	990.	Inspection
A	For the		idal year, or tax year beginning 12014, and ending	Dec 31	20 14
·B	Check if a	applicable:	C Name of organization Americans of Faith	D Employer id	entification number
	Address of		Doing business as		-0742507
$\overline{\Box}$	Name cha	-	Number and street (or P O. box if mail is not delivered to street address) Room/suite	E Telephone ni	umber
$\overline{\Box}$	Initial retu	-	5235 Mission Oaks Blvd 1000	809	5 384 4510
\exists		n/terminated	City or town, state or province, country, and ZIP or foreign postal code		
H			Camarillo, CA 93012	G Gross receip	its \$
Η	Amended	1			dinates? ☐ Yes ☑ No
ш	Application				luded? Yes No
				f "No," attach a list.	
<u> </u>		npt status:	E 301(C(3)		
<u>1</u>	Website:		1.49	oup exemption num	
K		<u> </u>	Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation:	MI State of le	gal domicile.
-P	art-I-	Summ			
	1	Briefly de	scribe the organization's mission or most significant activities: Voter Education		
8					
ā					
Activities & Governance	2	Check thi	s box ▶☐ if the organization discontinued its operations or disposed of more the	han 25¦% of its i	
é	3	Number o	of voting members of the governing body (Part VI, line 1a)	. 3	3
9	4	Number o	of independent voting members of the governing body (Part) (in the b)	. 4	3
ë				. 5	0
ž	6	Total nun	nber of volunteers (estimate if necessary)	6	0
Act	7a	Total unre	elated business revenue from Part VIII, column (C) line 12.	. > 7a	
_	b	Net unrel	ated business taxable income from Form 990-7, line 34	7b	
_	 		nber of individuals employed in calendar year 2014 (Part / Inte 2a)	r Year	Current Year
	8	Contribut	ions and grants (Part VIII, line 1h)	6,000	310,750
9	1		service revenue (Part VIII, line 2g)		
Revenue	1	•			
æ			nt income (Part VIII, column (A), lines 3, 4, and 7d)		
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,000	310,750
			enue—add lines 8 through 11 (must equal Part VIII, column (Å), line 12)		010,700
	1		nd similar amounts paid (Part IX, column (A), lines 1–3)		
			paid to or for members (Part IX, column (A), line 4)		
88			other compensation, employee benefits (Part IX, column (A), lines 5–10)		
Expenses			nal fundraising fees (Part IX, column (A), line 11e)		
×			draising expenses (Part IX, column (D), line 25) ▶		040.070
ш	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,267	243,670
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,267	243,670
	19	Revenue	less expenses. Subtract line 18 from line 12	(2,267)	67,080
58			Beginning o	of Current Year	End of Year
let Assets o	20	Total ass	ets (Part X, line 16)	2,442	69,522
Ž	21	Total liab	ilities (Part X, line 26)	0	0
25	22		s or fund balances. Subtract line 21 from line 20	2,442	69,522
	art II		ure Block		
Ur	der penal	ties of periu	ry, I declare that I have examined this return, including accompanying schedules and statements, and	to the best of my k	nowledge and belief, it is
tru	e, correct	, and compl	ete Declaration of preparer (other than officer) is based on all information of which preparer has any kr	nowledge	
	-		7(-)	10-2	p-15
Sig	าก	Sign	ature of officer	Date	
He		-	David Spady Treasurer		
		Tunk	or print name and title		
			pe preparer's name Preparer's signature Date	T —	PTIN
Pa] "	to property a marity	Check self-employe	rf
Pr	epare				<u></u>
Us	se Only			Firm's EIN ▶	
		Firm's a	ddress ▶	Phone no	
Ma	y the IR		s this return with the preparer shown above? (see instructions)	<u> </u>	Yes No
F		D	etion Act Notice see the congrete instructions Cat No. 11282V		Form 990 (2014)

Form 99	0 (2014)				Page 2
Part		nent of Program Service A			
	Check	if Schedule O contains a res	sponse or note to any line in this	Part III	<u>.</u> . 🗹
1	Briefly descrivoter Registra	ribe the organization's mission	1:		
2	prior Form 9		cant program services during the		∐ Yes 🗹 No
3	Did the org services? .	anization cease conducting,	or make significant changes in		☐ Yes 🗹 No
		scribe these changes on Sche			
4	expenses. S	section 501(c)(3) and 501(c)(4)		its three largest program services, ort the amount of grants and alloc	
4a	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
	(0000.	((\	o.a.ag g.aa o. 🗘		/

	10 1 - :	\/F	in all with a supplier of C) (Paragua d	
4b	(Code:	(Expenses \$	Including grants of \$) (Revenue \$)

4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other progr	am services (Describe in Sche	dule O.)		
	(Expenses \$			ue \$)	
4e		m service expenses ▶			

Part	Checklist of Required Schedules	r	V	N-
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	/	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		•
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		•
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		•
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		•
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		•
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		•
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		•
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		•
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		V
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		-
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>~</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		•
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		•
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		•
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	~
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	<u> </u>	1
		Fort	n 99 0	(2014)

Part	Checklist of Required Schedules (continued)		¥	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		•
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		/
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		•
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			;
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	-	1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		,
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	-	,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		•
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38	Part VI	37	—	1
	19? Note. All Form 990 filers are required to complete Schedule O	38	~	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>	$\overline{\mathbf{Z}}$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2		- 1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		_
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	\dashv	*
20	Statements, filed for the calendar year ending with or within the year covered by this return 2a		1	
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		•
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		/
ь	If "Yes," enter the name of the foreign country:	"		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).		i	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		V
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			_
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		i	ŧ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		ļ	
	and services provided to the payor.	7a 7b		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
С	required to file Form 8282?	7c		•
d	If "Yes," indicate the number of Forms 8282 filed during the year	- '`		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.	1 1		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		~
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		~
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-{		
b	Cross results and cross services are cross services and cross services and cross services are cross services and cross services and cross services are cross services	1		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
_	against amounts due or received from them.)	1 1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		•
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O.			Ì
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	4		
C	Enter the amount of reserves on hand	44-		1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		4
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .		n 99 0	(2014)

Part \										
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O									
	Check if Schedule O contains a response or note to any line in this Part VI	•	<u>· · · · </u>							
Section	on A. Governing Body and Management		Yes	No						
4	Enter the number of voting members of the governing body at the end of the tax year		163							
1a	Effect the fluitiber of voting members of the governing body at the end of the tax year									
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar									
	committee, explain in Schedule O.									
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 3									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with									
	any other officer, director, trustee, or key employee?	2		✓						
3	Did the organization delegate control over management duties customarily performed by or under the direct									
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓						
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		V						
6	Did the organization have members or stockholders?	6		<u> </u>						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-								
	one or more members of the governing body?	7a		~						
Ь	stockholders, or persons other than the governing body?	7ь		✔						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	"		\vdash						
U	the year by the following:									
а	The governing body?	8a	•							
b	Each committee with authority to act on behalf of the governing body?	8b	1							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at									
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		*						
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		·						
		r	Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>						
ъ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	406								
44.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b 11a	1	\vdash						
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIa	-	 						
ь 12а	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		J -						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b	-	1						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"									
_	describe in Schedule O how this was done	12c		V						
13	Did the organization have a written whistleblower policy?	13		~						
14	Did the organization have a written document retention and destruction policy?	14		~						
15	Did the process for determining compensation of the following persons include a review and approval by			1						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1.5	l	_م.						
a	The organization's CEO, Executive Director, or top management official	15a	 	7						
Ь	Other officers or key employees of the organization	15b	-	 						
162	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1								
iva	with a taxable entity during the year?	16a	1	-						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		T	Ť						
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1	1	1						
	organization's exempt status with respect to such arrangements?	16b								
Secti	on C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶ Virginia									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3):	s only)						
	available for public inspection. Indicate how you made these available. Check all that apply									
40	Own website Another's website Upon request Other (explain in Schedule O)	oront	nolic	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	.e1 62[Polic	y, and						
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:: >							
20	David Spady 5235 Mission Oaks Bivd Camarillo, CA 93012									

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Pag	в	

Form **990** (2014)

Form	990	(201	4

•				_
Part VII	Compensation of Officers, Directors	, Trustees, Key Employees	s, Highest Compensated Employees, an	ıd
	Independent Contractors			

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no		d orga	aniz	atio	n co	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or directo	unles	s pe	ntion more	that both Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Edward Atsinger	0					_		0	0	0
(2) Jay Seculow	0	1						0	0	0
(3) Colby May	0	,			-			0	0	0
(4)	 	Ť								
(5)										
(6)				-						
(7)										
(8)										
(9)										
(10)							1			
(11)	ļ									
(12)	ļ		T							
(13)										
(14)	<u> </u>									

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(C)]			
	(A)	(B)	(do n	at at		ition		200	(D)	(E)	l		(F)	
	Name and title	Average		(do not check more than o box, unless person is both					Reportable	Reportabl			mated	
		hours per week (list any	office	officer and a director/truste					compensation	compensation related	from		ount of ther	
		hours for	유표	교	Officer	<u>چ</u>	릙픓	Former	the	organizatio	ns		ensatio	ภ
		related	불	量	\ <u>\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\</u>	ě	p hes	3	organization	(W-2/1099-M	IISC)		m the	
		organizations below dotted	OF E	ğ		륯	8 6	`	(W-2/1099-MISC)	1	1		nızatıon related	
		line)	Individual trustee or director	2 4		Key employee	ğ			}			nzations	
		1	8	Institutional trustee		-	Highest compensated employee	Ì		ł	1	_		
		1		ě			藍				ı			
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		<u> </u>	<u> </u>	L	L				_					
	Sub-total				•			>	0		0			0
C	Total from continuation sheets to Part													
d	Total (add lines 1b and 1c)	· . · · · ·						<u> </u>	0		0			0
2	Total number of individuals (including but		to th	ose	e list	ed	above	e) w	ho received m	ore than \$10	000,000	of		
	reportable compensation from the organi	zation >												
													Yes	No
3	Did the organization list any former of						-	-		•	nsated			
	employee on line 1a? If "Yes," complete 3	Schedule J	for so	uch	ind	ivid	ual					3		4
4	For any individual listed on line 1a, is the													
	organization and related organizations	greater th	an \$1	150,	,000	? /	f "Ye	s, "	complete Sch	nedule J fo	r such			ĺ
	individual	. <i>.</i>		-								4		1
5	Did any person listed on line 1a receive of									zation or ind	lividual			l
	for services rendered to the organization	? If "Yes," c	compl	ete	Sch	nedu	ule J f	or s	such person	<u> </u>	<u> </u>	5		✓
Section	on B. Independent Contractors									-				
1	Complete this table for your five highest													
	compensation from the organization. Rep	oort compe	nsatio	on fo	or th	ne c	alend	lar y	ear ending wit	th or within t	the org	anizatio	on's ta	ax
	year.								_					
	(A)							1	(B)			(C)		_
	Name and business add	ress							Description of s	ervices		Compens	ation	
				_				_						
								1				_		
								<u> </u>						
								1						
								<u> </u>	 					
2	Total number of independent contractor) th	ose listed ab	ove) who				
	received more than \$100,000 of compens	sation from	the o	rgar	nıza	tion	•							

Part	VIII	Statement of Revenue								
		Check if Schedule O contains a	response or note to	any line in this	Part VIII	. <u></u>	🗀			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unretated business revenue	(D) Revenue excluded from tax under sections 512-514			
nts nts	1a	Federated campaigns	1a		<u> </u>					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b							
	C	Fundraising events	1c							
Gift lar	d	Related organizations	1d							
ini	е	• • • • • • • • • • • • • • • • • • •	1e							
rior er S	f	All other contributions, gifts, grants,								
흊		and similar amounts not included above	1f 310,750							
d at	9	Noncash contributions included in lines 1a-1	`							
	h	Total. Add lines 1a-1f		310,750		<u> </u>				
Program Service Revenue	_		Business Code							
9.0	2a									
9 R	b									
Ş	C					ļ				
Se	đ									
ram	e				•					
rog	f	All other program service revenue				<u> </u>				
-	<u>g</u> 3	Total. Add lines 2a–2f Investment income (including d				T				
	•	and other similar amounts)								
	4	Income from investment of tax-exem								
	5	Royalties								
		(i) Real	(ii) Personal	-			· <u>-</u>			
	6a	Gross rents	- ' '							
	b	Less: rental expenses								
	c	Rental income or (loss)	<u> </u>							
	d	Net rental income or (loss)		-						
	7a	Gross amount from sales of (i) Securite								
		assets other than inventory				ŀ				
	ь	Less: cost or other basis								
		and sales expenses .				Ì				
	С	Gain or (loss) .								
,	d	 								
en u	8a	Gross income from fundraising								
Revenue		events (not including \$ of contributions reported on line 1c)								
声		See Part IV, line 18								
Other		Less: direct expenses					_			
		Net income or (loss) from fundrais				 				
	9a	Gross income from garning activiti					•			
		See Part IV, line 19								
		Less: direct expenses								
		Net income or (loss) from gaming								
	10a	Gross sales of inventory, le				Ì				
	١.	returns and allowances				1				
		Less: cost of goods sold					1			
	<u>c</u>	Net income or (loss) from sales of				ļ				
		Miscellaneous Revenue	Business Code			}	1			
	11a				<u>-</u>	 	 			
	b					 	 -			
	C	All all all and an arrangement of the state				 	 			
	ď	All other revenue				 				
		Total. Add lines 11a–11d Total revenue. See instructions.		310,750		 	 			
		i viai i evenue. See msuuchons.	1	010,7301		1	1			

Form 99	0 (2014) IX Statement of Functional Expenses	-			Page 10			
Sectio	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
	Check if Schedule O contains a response or note to any line in this Part IX							
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic individuals. See Part IV, line 22							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees							
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)							
7	Other salaries and wages							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9	Other employee benefits				· · · · · · · · · · · · · · · · · · ·			
10	Payroll taxes							
11	Fees for services (non-employees):							
a	Management							
b	Legal							
d	Lobbying							
e	Professional fundraising services. See Part IV, line 17	· ·	· · · · · ·					
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)							
12	Advertising and promotion				_			
13	Office expenses	243,670	237,787	5,883				
14	Information technology		-		-			
15	Royalties							
16 17	Occupancy			· · ·				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization .							
23	Insurance							
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If							
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				<u> </u>			
a			· · · · · · · · · · · · · · · · · · ·	<u> </u>				
p								
d			-					
e	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	243670	237,787	5,883				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)							

P	art X	Balance Sheet			<u> </u>
		Check if Schedule O contains a response or note to any line in this Par			<u> </u>
	=		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2,442	1	69,522
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			ı
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ts		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	<u> </u>
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			1
	_	other basis. Complete Part VI of Schedule D 10a		40.	-
		Less: accumulated depreciation		10c	
,	11	Investments—publicly traded securities		12	
	12	Investments—other securities. See Part IV, line 11		13	<u>-</u>
	13 14	Intangible assets		14	 _
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,442	16	69,522
—	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	-
8	22	Loans and other payables to current and former officers, directors,			(
Liabilities		trustees, key employees, highest compensated employees, and	_		
ᅙ		disqualified persons. Complete Part II of Schedule L		22	·
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	;
Ś	ļ	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
ဦ		Unrestricted net assets		27	
ala	27 28	Temporarily restricted net assets		28	
ã	29	Permanently restricted net assets	 	29	
Ĕ	29	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
Ĕ		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	-
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
fet	33	Total net assets or fund balances	2,442		69,552
_	34	Total liabilities and net assets/fund balances	2,442	34	69,552
					Form 990 (2014)

Page	1	2

	0 (2014)			Pa	ige 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			0,750
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,670
3	Revenue less expenses. Subtract line 2 from line 1	3			7,080
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			2,442
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		6	9,522
² art	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		<u> </u>	<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: ☑ Cash ☐ Accrual ☐ Other		ł	ł	1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.		İ	1]
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or	1		ļ
	reviewed on a separate basis, consolidated basis, or both:		j		1
	Separate basis Consolidated basis Both consolidated and separate basis		- 1		
b	Were the organization's financial statements audited by an independent accountant?		2ь	l	•
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			}	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versight	ŀ		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant?	2c		~
	If the organization changed either its oversight process or selection process during the tax year, ex	ıplain in			
	Schedule O.		i	1	ł
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	İ		1
	the Single Audit Act and OMB Circular A-133?		3a		1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo the			
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	l	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

OMB No 1545-0047

Open to Public Inspection

Employer identification number

20-0742507 Americans of Faith Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (v) Amount of monetary (vi) Amount of (i) Name of supported organization (iii) Type of organization (iv) Is the organization (described on lines 1-9) listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes (A) (B) (C) (D) (E)

Schedu	ile A (Form 990 or 990-EZ) 2014						Page 2
Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	e box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Secti	on A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					15	
6	Public support. Subtract line 5 from line 4.						
Sect	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on				_		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		ļ	<u> </u>		<u> </u>	
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the				-		
	organization, check this box and stop he				· · · · ·	· · · ·	· · · > 🗅
	ion C. Computation of Public Suppor			14 1 (0)		14	
14	Public support percentage for 2014 (line 6 Public support percentage from 2013 Sch					15	<u>%</u>
15 16a	331/3% support test—2014. If the organization						
ioa	box and stop here. The organization qua						
b	331/3% support test—2013. If the organ check this box and stop here. The organi	nization did no	ot check a box	k on line 13 o	r 16a, and lin		
17a		D14. If the orgates the "facts-acts-and-circular colors and the "facts-and-circular colors acts-and-circular colors acts-and-circular colors and the acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colors acts-and-circular colo	anization did nand-circumsta	ot check a box inces" test, ch st. The organiz	on line 13, 10 eck this box a cation qualifies	nd stop here.	l line 14 is Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m	tion meets the	e "facts-and-c	ircumstances"	test, check t	his box and s	a, and line top here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	n the organization rails to quality	under the tes	is listed Deit	w, picase coi	inpiete i at i	·/	
	on A. Public Support	4) 0040		4) 0040	(B 0040 T	43.0044	(O Total
_	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees	10.000	1 000	001 500	6 000	310 750	1,229,250
•	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	10,000	1,000	901,500	6,000	310 750	1,229,250
2	sold or services performed, or facilities					1	
	furnished in any activity that is related to the	į			1		
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	l		1	I		
	unrelated trade or business under section 513						
4	Tax revenues levied for the	. 1		i	ŀ	1	
	organization's benefit and either paid				[ļ	
	to or expended on its behalf						
5	The value of services or facilities				į		
	furnished by a governmental unit to the						
	organization without charge		·				
6	Total. Add lines 1 through 5	10 000	1,000	901,500	6,000	310,750	1,229,250
7a	Amounts included on lines 1, 2, and 3	ĺ					
	received from disqualified persons .						
b	Amounts included on lines 2 and 3		ŀ		İ		
	received from other than disqualified						
	persons that exceed the greater of \$5,000			ļ			
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from			İ	1	1	
	line 6.)				1		1,229,250
	on B. Total Support		· · · · · · · · · · · · · · · · · · ·				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	10,000	1,000	901,500	6,000	310,750	1,229,250
10a	Gross income from interest, dividends,						
	payments received on secunties loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less					1	
	section 511 taxes) from businesses					İ	
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether					}	
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets					İ	
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	40.00-		201 -22	2 222	040 750	4 000 050
	and 12.)	10,000	1,000	901,500	6,000	310,750	1,229,250
14	First five years. If the Form 990 is for the	_					n 501(c)(3)
	organization, check this box and stop he			<u> </u>		<u> </u>	· •
	on C. Computation of Public Suppor					T 4= 1	100 %
15	Public support percentage for 2014 (line					15	100 %
16	Public support percentage from 2013 Sci				- · · · ·	16	100 %
	ion D. Computation of Investment In				(6)	1471	0.00
17	Investment income percentage for 2014 (•				17	0 %
18	Investment income percentage from 2013					18	0 %
19a	331/3% support tests—2014. If the organ						
_	17 is not more than 33½%, check this box		_	•		-	_
b	331/3% support tests—2013. If the organization 19 is not more than 331/3%, shock this						
	line 18 is not more than 331/8%, check this			-			
20	Private foundation. If the organization di	iu not check a	DOX ON LINE 14.	, 19a, or 19b, c	AIECK THIS DOX	and see instru	ctions 🕨 📘

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Supporting	

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	30		<u></u>
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		-
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6 6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		-
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9ь		
	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a	_	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10Ь		-

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Part	V Supporting Organizations (continued)			
44	Lieu the assessment on accepted a self-or countries that for a service the following acceptance		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			·
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	_	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		-
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s) <i>:</i>
a b c	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (so			
2	Activities Test. Answer (a) and (b) below.	_	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3ь		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970. See	instructions. All
other Type III non-functionally integrated supporting organizations must co	mple	ete Sections A through E.	<u>. </u>
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			Ì
instructions for short tax year or assets held for part of year):	L_,		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):	<u> </u>		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2	·	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly-ın	tegrated Type III support	ting organization (see
instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year		
1_	1 Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	<u>.</u>				
3	Administrative expenses paid to accomplish exempt purp					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
_ 6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.					
9	Distributable amount for 2014 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014		
1	Distributable amount for 2014 from Section C, line 6		<u> </u>			
2	Underdistributions, if any, for years prior to 2014			j		
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2014:					
а						
b				·		
C						
d						
е	From 2013					
f	Total of lines 3a through e					
<u>g</u>	Applied to underdistributions of prior years					
	Applied to 2014 distributable amount					
<u> </u>	Carryover from 2009 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2014 from Section D, line 7:					
a	Applied to underdistributions of prior years			· - -		
b	Applied to 2014 distributable amount					
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			,		
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).					
7	Excess distributions carryover to 2015. Add lines 3j and 4c.					
8	Breakdown of line 7:			***		
а						
b			· · · · · · · · · · · · · · · · · · ·			
С						
d	Excess from 2013					
е	Excess from 2014			<u> </u>		

Schedule A (Form 990 or 990-EZ) 2014 Page 8					
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)	ī			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

20**14**

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Americans of Faith	20-0742507
Part 111	
The organization's mission is voter registration	
Part 1V	
38 The organization did file a schedule O	·····
Part V1	
1a There are 3 members in voting boddy - all are independent	
11b Documents submitted to governing body	
19 Documents are available online @ americansoffaith com and by request	
······································	